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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/797,374

Applicant: Jeffrey O. PHILLIPS

Filed: March 10, 2004

Art Unit: 1615
Examiner: unknown

Title: NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME

Docket No.: 04242350

Customer No.: 26565

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following for the above-captioned application:

1. Amendment Transmittal;
2. Preliminary Amendment B; and
3. Return receipt postcard.

The Commissioner is hereby authorized to charge any additional filing fees required under Rule 1.17 concerning this transaction, or to credit any overpayment to Deposit Account 13-0019.

Respectfully submitted,

David B. Fournier
Reg. No. 51696

Date: October 1, 2004

MAYER, BROWN, ROWE & MAW LLP
P.O. Box 2828
Chicago, Illinois 60690-2828
Telephone: (312) 701-8034
Facsimile: (312) 706-9000



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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.
2. Applicant is a small entity.
 other than a small entity.
3. **Extension of Term:**
 Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two month	\$420.00	\$210.00
<input type="checkbox"/> three month	\$950.00	\$475.00
<input type="checkbox"/> four month	\$1,480.00	\$740.00

OR

FEE: \$

Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

4. The fee for claims has been calculated as shown below:

			Small entity		Large Entity	
Claims remaining after amendment	Highest number previously paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total						0
Independent						
Multiple Dependent Claim Fee:				= \$0.00		\$0.00
Total Additional Fee				= \$		= \$0

No additional fee for claims is required.

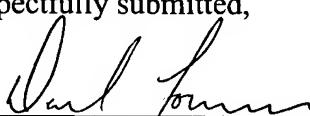
5. Fee Payment/Deficiency

Attached is a check in the amount of \$0 for the filing and claim fees in the present application.

Authorization is hereby made to charge the amount of \$ _____ to Deposit Account No. 13-0019

Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully submitted,



David B. Fournier
Reg. No. 51696

Date: October 1, 2004

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P.O. Box 2828
Chicago, IL 60690-2828
Telephone: (312) 701-8034
Facsimile: (312) 706-9000



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Phillips, J.) ATTORNEY DOCKET: 04242350
S SERIAL NO.: 10/797,374) GROUP ART UNIT: 1615
FILED: March 10, 2004) EXAMINER: TBD
TITLE: Novel Substituted Benzimidazole Dosage Forms and Method of Using Same
DATE: October 1, 2004

Certificate of Mailing by "Express Mail"

“Express Mail” mailing label No.EV300809520US. Date of Deposit: October 1, 2004.
I hereby certify that this paper (and its recited enclosures) or fee is being deposited with the
United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10
on the date indicated above and is addressed to: Commissioner for Patents, Mail Stop:
AMENDMENT, P.O. Box 1450, Alexandria, VA 22313-1450.

Gloria Marchewka
(signature of person mailing paper or fee)

Gloria Marchewka
(typed name of person mailing paper or fee)

Commissioner for Patents
Mail Stop: AMENDMENT
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

PRELIMINARY AMENDMENT B

Prior to examining this application or calculating claims fees, please amend the application as requested herein below.

Amendments to the Specification begin on page 2 of this correspondence.

Remarks begin on page 2.